Case: 4:19-cv-00927-MTS Doc. #: 95-14 Filed: 04/30/21 Page: 1 of 1 PageID #: 921

St. Charles County Department of Corrections Physician Order Sheet CONFIDENTIAL HEALTH INFORMATION

Health information is personal and sensitive information related to a person's health care. You the recipient are required to maintain this information in a safe, secure and confidential manner. Re-disclosure without appropriate authorization or as permitted or required by law is prohibited.

| Name: Loonard, Jamie | |
|--|---|
| Date of Birth: 10/10 4 1984 Jacket Number: 20/7 1/8/88 | |
| Allergies: NKJA | |
| | |
| Date Physician Orders | |
| 7/22/17/ Telephone Order 1/t Doychotic episode - | |
| 2003 Haldof 10mg/2mi Im Ix dise new | |
| Halder 10mla PO TID | |
| Cocerón Inda to BD | |
| Hold Responded and Celeva until evaluated by | |
| in Rattula on 7/24/17 | |
| TO De Rottella / T martiRN 943 | |
| | |
| 07/22/2017 LEONARD, JAMIE DON #2017118188 | |
| HALOPERIDOL (1ML-EA) 5MG/ML VIAL END: 07/23/2017 | |
| THE STATE OF STREET AS ONE SINGLE DOSE / | |
| S. BATTULA, 7164 PRFL TELEPHONE INITIALS | |
| 07/22/2017 LEONARD, JAMIE DON #2017119190 | |
| | |
| TAKE 2 TABLET(S) ORALLY THREE THE THREE TH | |
| S. BATTULA, 7164 PRFL TELEPHONE INITIALS | |
| 07/22/2017 LEONARD, JAMIE DON #2017118188 | |
| 07/22/2017 LEONARD, JAMIE DON #2017118188 BENZTROPINE 2MG TAB END: 07/22/2018 | |
| TAKE 1 TABLET(S) ORALLY TWO TIMES A DAY / | |
| S. BATTULA. 7164 PRFL TELEPHONE INITIALS TW | _ |
| | |
| Substitution Permitted Dispense as Written | |
| Physician name (Printed): | |
| Physician name (Printed): | - |
| DEA Registration Address: | |
| DELL ROSSI ALLON MAIN COS. | _ |
| DEA Number: | |
| | |

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